

Members

Sen. Connie Lawson, Chairperson
Sen. Patricia Miller
Sen. Allie Craycraft
Sen. Earline Rogers
Rep. Charlie Brown
Rep. Peggy Welch
Rep. Vaneta Becker
Rep. Timothy Brown
Greg Wilson, M.D.
Beverly Richards
Michael Urban, M.D.
Beth Compton



COMMISSION ON EXCELLENCE IN HEALTH CARE

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MEETING MINUTES¹

Meeting Date: August 20, 2002
Meeting Time: 2:30 P.M.
Meeting Place: State House, 200 W. Washington St.,
House Chambers
Meeting City: Indianapolis, Indiana
Meeting Number: 1

Members Present: Sen. Connie Lawson, Chairperson; Sen. Patricia Miller; Sen. Allie Craycraft; Rep. Charlie Brown; Rep. Peggy Welch; Rep. Vaneta Becker; Beverly Richards; Michael Urban, M.D.; Beth Compton.

Members Absent: Sen. Earline Rogers; Rep. Timothy Brown; Greg Wilson, M.D.

Chairperson Connie Lawson called the Commission on Excellence in Health Care (Commission) to order at 2:45 P.M. Senator Lawson reviewed the purpose of the Commission and the Legislative Council charge for additional study topics. The chairperson received testimony.

Sam Nussbaum, M.D., Chairman, Healthcare Data and Quality Subcommittee.

Dr. Nussbaum reviewed the Healthcare Data and Quality Subcommittee process and framework. The Subcommittee has established three workgroups: (1) Data and Data Source; (2) Developing the Framework; and (3) Data Accessibility in the Public Domain. In addition, an Executive Committee reviews the workgroup's progress and barriers and plans the Subcommittee meetings.

The Data and Data Source workgroup was charged with identifying all existing state and national data sources. This workgroup has identified existing data sources, reliability of the data and gaps in the data. A matrix of data elements was developed.

¹Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

The Developing the Framework workgroup focused on classifying health care measurement into a preventative, acute care, and chronic care matrix. This work group reviewed performance and outcome measurement, access, staffing and regulatory support for the continuum of care.

The Data Accessibility in the Public Domain workgroup identified the key audiences for communication, examined the concept of public report cards, and determined methods employed in other states to communicate health care information in a timely and relevant manner.

Dr. Nussbaum commented that the Subcommittee would like staff assistance to coordinate the work of the Subcommittees and support the research and writing requirements. The increasing areas of overlapping work plans among the subcommittees was also a concern. Dr. Nussbaum suggested a meeting of Subcommittee Chairpersons to evaluate the extent of overlap and opportunities for collaboration. Dr. Nussbaum also suggested that the recent \$18.5 M federal grant for Public Health Preparedness and response for Bioterrorism Cooperative Agreement presented an opportunity to augment existing databases and provide for enhanced communication in the state.

Representative Welch commented that it appeared that this Subcommittee could assist other Commission Subcommittees.

Senator Lawson asked Dr. Nussbaum if the first year had been adequate time to address the assigned work of the Subcommittee. She further asked if the Subcommittee was ready to move to the second year wordplay. Dr. Nussbaum responded that the workgroups were ready to proceed although they would like to have staff resources to coordinate their activities.

Dr. Beverly Richards, Chairperson, Health Care Professionals Subcommittee

Dr. Richards reported That the Health Care Professionals Subcommittee had formed three task groups: (1) the Patient Safety Task Group; (2) the Disciplinary Process Task Group; and (3) the Pharmacy Task Group.

The Patient Safety Task Group addressed topics concerning the lack of public awareness of how and when to report patient safety concerns, the need for consistency and uniformity of responses and actions of professional boards, the Attorney General's Office and the general reporting process. The Task Group examined issues involving unlicensed practitioners and the authority of regulatory boards to take action under circumstances where no disciplinary complaint has been filed. The Task Group also discussed the relationship between participation in continuing education and practice competency.

The Disciplinary Process Task Group examined the time line for disciplinary action as well as the role of the Attorney General's Office in the disciplinary process. The Task Group also investigated hospital reports on privileging actions to the Medical Licensing Board and the possible effects that staffing shortages may have on reporting problematic professionals. The Task Group also discussed the utilization of fines as a means of enforcing compliance, the follow up for adherence to the treatment regimens of impaired practitioners, and the general lack of tracking practitioners with known behavioral problems.

The Pharmacy Task Group examined the process of incidence reporting in individual pharmacies and the need for a non-punitive system for reporting and tracking errors. The Task Group also discussed the need to improve public education with regard to reporting pharmacy errors.

Senator Lawson asked Dr. Richards if the Subcommittee was prepared to move to the second year wordplay. Dr. Richards responded that the task groups were ready to proceed with the

exception of one unfinished topic in the Pharmacy Task Group.

Kim Dodson, Chairperson, Long Term Care Subcommittee

Ms. Dodson reported that the Long Term Care Subcommittee met every six weeks from October 2001 through June 2002. Due to the size of the group and the scope of the subject matter assigned to the Subcommittee, three work groups were formed: (1) Quality Assurance; (2) Nursing Home Issues; and (3) Continuum of Care.

The Quality Assurance Work Group's assignment was to identify barriers to a safe effective long term care system. The work group examined the State's Ombudsman programs, and institutional and community neglect and abuse issues.

The Nursing Home Issues Work Group focused first on the pre-admission screening process. Subject areas for future work include: nursing home bed capacity, staffing issues, fiscal problems, and access to services for minorities and in rural areas.

The Continuum of Care Work Group examined a broader scope of issues, including fiscal silos, the availability of various services and options for consumers, eliminating bias towards institutional care, and challenges related to self-directed care. The Work Group identified barriers to issues in the system and will have recommendations for discussion by the Subcommittee.

Ms. Dodson commented on the need for coordination among the Subcommittees to avoid duplication of effort. She also reported that the Long Term Care Subcommittee was prepared to proceed with the second year work plan.

Eleanor Kinney, Chairperson, Subcommittee on Patient Safety

Professor Kinney reported that the Subcommittee on Patient Safety added five members and had one resignation. She added that agendas, minutes, and reports of the Subcommittee meetings are posted on the IU Law school web page. (<http://indy.law.indiana.edu/programs/CLH/PSS.htm>)

The Patient Safety Subcommittee has established four task forces to examine in depth the safety issues identified in fact-finding meetings. The task forces are assigned to develop draft recommendations for the Subcommittee. The four task forces will study the following issues: (1) the administration of anesthesia in physician's offices; (2) the delivery of attendant care services to the aged and disabled by unlicensed personnel; (3) the coordination of and reporting systems for errors to state programs that address consumer complaints about patient safety; and (4) medication errors in hospitals, particularly those with computerized medical records systems.

Professor Kinney commented that overlap of subject areas also appeared to be a problem for this Subcommittee. She added that the Subcommittee on Patient Safety was ready to move forward with the second year wordplay.

Beth Compton suggested that the Subcommittee contact the organizers of the National Patient Safety meeting that was recently held. It was reported that some subcommittee members had attended this meeting.

Senator Lawson reviewed the additional topics that the Legislative Council charged the Commission to study. These topics are: (1) self-directed care and expansion of personal care services; (2) reduction in the number of birth defects; and (3) improving cancer outcomes and health care coverage of costs related to oncology clinical trials. In the discussion that followed, Kim Dodson said that the Long term Care Subcommittee would look at the self-directed care

issue. Dr. Nussbaum thought that the cancer outcome improvements could be a subject covered by the Health Care Data and Quality Subcommittee. The Commission members also discussed the issue of the nursing shortage and asked the Health Care Professions Subcommittee to add the subject to the topics to be studied.

Commission discussion followed regarding the fact that two of the Subcommittees have added members. The Subcommittee on Patient Safety and the Health Care Professions Subcommittee have both added new members. It was pointed out that there had been a change in the Commission's authorizing statute to allow the Subcommittees to add members. The Commission may approve new members but does not need to take formal action.

Representative Charlie Brown made a motion to adopt the reports of the Subcommittees. The motion was seconded and taken by consent.

Representative Welch suggested that since every Subcommittee had indicated that overlap of topics was a concern, the Subcommittee Chairpersons meet to coordinate the subjects covered by each committee to eliminate the duplication of effort. Dr. Beverly Richards was asked to arrange this meeting.

Senator Lawson announced that the next meeting of the Commission on Excellence in Health Care will be September 17th at 1:00 P.M. She further added that the Commission's Interim Report must be completed by October 1st.

The meeting adjourned at 3:30 P.M.